

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)**

**PROGRAM:** Tuolumne County

**PERFORMANCE ASSESSMENT / SITE VISIT REPORT**

1. **GRANT AWARD NUMBER:** RV09010550 **DATE OF SITE VISIT:** 7/27/10
2. **GRANT PERIOD:** 7/1/10 – 9/30/10
3. **RECIPIENT/IMPLEMENTING AGENCY:**  
District Attorney Office
4. **PROJECT DIRECTOR:**  
Donald Segerstrom

---

---

**PERSONS INTERVIEWED DURING SITE VISIT:**

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
<u>Ginger Martin</u>	<u>Fiscal Officer</u>	<u>Tuolumne County</u>
<u>Allen Periera</u>	<u>Volunteer</u>	<u>Tuolumne County</u>
<u>Christine Miller</u>	<u>Advocate</u>	<u>Tuolumne County</u>
<u>Janee Fleming</u>	<u>Advocate</u>	<u>Tuolumne County</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

<u>Charlotte Smith</u>	<u>7/30/10</u>	<u>Sally Hencken</u>	<u>7/30/10</u>
Signature of Program Specialist	Date	Signature of Section Chief	Date

<u>Ginger Martin</u>	<u>7/30/10</u>
Signature of Project Representative	Date

---

**A. ADMINISTRATIVE REVIEW**

---

**YES   NO   N/A****• OPERATIONAL DOCUMENTS**

Review hard copy/verify the ability to access on line:

- The Cal EMA Recipient Handbook (R.H.)
- The Approved Grant Award Agreement
- The RFA/RFP (supersedes the requirement of the R.H.)
- The Program Guidelines (supersedes the requirement of the R.H.)
- Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at [www.whitehouse.gov/omb/circulars](http://www.whitehouse.gov/omb/circulars).

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_**• FIDELTY BOND - COMMUNITY BASED ORGANIZATION (CBO ) & AMERICAN INDIAN ORGANIZATIONS ONLY**

- Obtain copy of required CBO bonding? [*R.H. Section 2161*] Does not apply to state, city, or county units of government.
- Does the bond show:
  - Bonding company name
  - Bond number
  - Description of coverage
  - Amount of coverage (50% of allocation)
  - Bond period
  - Grant award number
  - Bond include Form A (Employee Dishonesty) and Form B (Forgery Coverage)?
  - Is Cal EMA named on the bond as the beneficiary?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_**• ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)**

- a. Does the project have their CEQA documentation on file?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

Comments: \_\_\_\_\_  
\_\_\_\_\_**• PROOF OF AUTHORITY (R.H. Section 1350)**

- Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? \*Ask for copy

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

Comments: \_\_\_\_\_  
\_\_\_\_\_

---

**A. ADMINISTRATIVE REVIEW (Continued)**

---

YES   NO   N/A

• **ORGANIZATIONAL CHART**

- Review the organizational chart. Are all budgeted positions identified?

☒   ☐   ☐

Comments: \_\_\_\_\_  
\_\_\_\_\_

• **Cal EMA MODIFICATION (Cal EMA 2-223)**

- Review the purpose/preparation of Grant Award Modification (Cal EMA 2-223). [R. H. Section 7500] (*Instruct the project staff on the procedure to obtain the most recent forms from Cal EMA website.*)

☐   ☒   ☐

A modification is needed for the following:

- Budget changes
- Change in key personnel
- Adding/changing additional signers
- Change goals/objectives, or activities
- Address change
- Other

Comments: \_\_\_\_\_  
\_\_\_\_\_

• **PERSONNEL POLICIES**

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130]
- Do the personnel policies include:
  - Work hours
  - Compensation rates including overtime and benefits
  - Work hours
  - Vacation, sick, and other leave allowances
  - Hiring and promotional policies

☒   ☐   ☐

☒   ☐   ☐  
☒   ☐   ☐  
☒   ☐   ☐  
☒   ☐   ☐  
☒   ☐   ☐

Comments: They are in binders in Gingers office and on line, on the share drive. \_\_\_\_\_  
\_\_\_\_\_

---

**SECTION I. ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)**

---

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
<b>Do the personnel files include:</b>			
Staff note: Complete a sample review of a personnel file			
• Job application	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Resume	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Performance evaluations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Salary rates	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Benefits	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Current job duties/descriptions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Other terms of employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Does the project have a current Drug Free Workplace policy statement on file signed by the employee (R.H. Section 2152)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Did the Board approve the agency's existing personnel policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Does not require resume. Salary rates are on line share drive and public information. Benefits are on the share drive and in the MOU. Current job duties are on line under job section. Other terms of employment is in the MOU and share drive.

---

---

**1. FUNCTIONAL TIMESHEETS**

- |   |                          |                                     |                                     |
|---|--------------------------|-------------------------------------|-------------------------------------|
| • Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331] | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| • Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure they are signed by the staff and supervisor)                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

Comments: Advised Ginger to start signing the volunteers time sheet.

---

---

**2. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER**

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Name of individual who approves purchases.<br><u>Donald Segerstrom</u>   |                                     |                          |                          |
| ○ Name of individual who writes checks.  |                                     |                          |                          |
| ○ <u>Staff and auditors controller office</u>  |                                     |                          |                          |
| ○ Name of individual(s) who signs checks.  |                                     |                          |                          |
| ○ <u>Debra Russell, Auditor</u>  |                                     |                          |                          |

Comments: \_\_\_\_\_

---

---

**SECTION I. - ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)**

---

YES   NO   N/A

**3. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]**

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project maintain a record-keeping system which will accurately support costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the project maintain an accurate inventory log of equipment purchased with grant funds?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: \_\_\_\_\_  
\_\_\_\_\_

**4. PROJECT EXPENDITURES**

- |  |                                     |                                     |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|
| • Is the project's expenditure rate commensurate with the elapsed period of the grant?                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)?             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Is the project up-to-date with the submission of Cal EMA Form 2-201?                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Comments: \_\_\_\_\_  
\_\_\_\_\_

**5. MATCH REQUIREMENTS**

- |  |                                     |                                     |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|
| • Does the project have a match requirement?                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Is the project meeting the match requirement?                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Review the supporting documentation to substantiate cash or in-kind match. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Comments: Match is meet by Christine Miller Advocate providing time to the grant.

\_\_\_\_\_

**6. EEO POLICY**

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Go over EEO checklist. (Separate document) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments: \_\_\_\_\_  
\_\_\_\_\_

---

**SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW**

---

**GENERAL****YES   NO   N/A****1. PROGRAM GOALS AND OBJECTIVES**

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program goals and objectives?
- Does the project staff need to submit Cal EMA Form 2-223 to modify their grant objectives?

☒   ☐   ☐☐   ☒   ☐

Comments: \_\_\_\_\_  
\_\_\_\_\_

**2. PROGRESS REPORT**

- Discuss and review the programmatic Progress Report requirements.

☒   ☐   ☐

Comments: \_\_\_\_\_  
\_\_\_\_\_

**3. SOURCE DOCUMENTATION-Programmatic**

- Is the project maintaining a record keeping and data collection process that will accurately support the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

☒   ☐   ☐

Comments: Pro – Law Software \_\_\_\_\_  
\_\_\_\_\_

**4. OPERATIONAL AGREEMENTS**

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

☒   ☐   ☐

Comments: \_\_\_\_\_  
\_\_\_\_\_

**5. PROJECT STAFF DUTIES**

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?

☒   ☐   ☐